Exhibit H

Case 1:05-cv-00019

Document 77-8 Filed 07/15/2006 Page 2 of 12 Commonwealth of the Northern Mariana Islands DIVISION OF LABOR P.O. Box 10007, Saipan, MP 96950

I Vend to the CATAY
I, ONAME OF AUTHORIZED SIGNATORY) of CORPORATION/BUSINESS NAME), located in the CNMI,
declare under penalty of perjury that I knowingly and freely accept the transfer of
employment of, of the, from (NAME OF EMPLOYEE) (COUNTRY OF ORIGIN)
the Employer of Record, Furthermore, I hereby declare
that I will assume all duties, responsibilities, obligations, etc., of an Employer of Non-resident Worker as required and provided under the Non-resident Workers Act, Minimum Wage and Hour
Act and the CNMI Alien Labor Rules and Regulations, C.R. Vol. 10, No. 4 (April 15, 1988), et seq.
Furthermore, I hereby declare that the above named transferee will be under my employment as a
and that I will be responsible for the payment of all
applicable fees to effectuate this Transfer and that I knowingly assume all liabilities.
Entry Permit No. Surety Bond Co./No.
CONDITIONAL GRANT OF TRANSFER
The transfer of the employee
The transfer of the employee
No. 11-6 and Section 5 (b) of P.L. 12-11, to perform services in the job category of
The Employee's Work Days and Hours shall be
The Employee's Work Days and Hours shall be to to from hours per week.
Compensation: In consideration of the services to be performed by the Employee, the Employer
agrees to pay the Employee compensation in the amount of:
1. \$ per and 2. \$ per for ovetime compensation payable by check in bi-weekly intervals.
in bi-weekly intervals
3. Other compensation, specify amount and method of calculation.
All other contract provisions, obligations and restrictions including termination or employment shall be controlled by the terms and conditions of the attached employment contract
signed by the employer and employee.
Both the Accepting Employer and the Employee understand this conditional transfer /
accompanying application shall be denied later should the Accepting employer fail to comply with all requirements of law, regulation and policy within the standard time allowed in order to
obtain a Work/Entry Permit. Should the application be denied or should either the employee or
Accepting Employer terminate the employment relationship, the Accepting Employer shall be
liable for/required to purchase a one-way ticket to the employee's original point of recruitment
outside the Commonwealth and the employee shall depart on the next available flight.
If the application is denied by the Division, this conditional transfer will also expire the same day
of denial issuance. However, if for any reason the application is neither approved nor denied by the
Division, this conditional transfer will expire one year from the date the conditional transfer is
approved.
Date: Date:
Carter Same Start
Accepting Employer: Print Name and Sign Employee: Print Name and Sign
Title:
DI WITNESS WITTERS A LANGE IN
IN WITNESS WHEREOF, I hereunto set my hand and official seal this day of 200
ROTABY PORTO
Town New all half the Fronthern Maniana Islanda
NOTARY PUBLIC.



Commonwealth of the Northern Mariana Islanus DIVISION OF LABOR P.O. Box 10007, Saipan, MP 96950

Y Jose Bus one	
I, PANA, HWA SUN Of ASIA ENTERPHISES INC., located in the CNMI, (NAME OF AUTHORIZED SIGNATORY) (CORPORATION/BUSINESS NAME)	
(NAME OF AUTHORIZED SIGNATORY) (CORPORATION/BUSINESS NAME) declare under penalty of perjury that I knowingly and freely accept the transfer of	
employment of LI. ZHENGZHE ,:of the CHINA , from	
(NAME OF EMPLOYEE) (COUNTRY OF ORIGIN)	
JUNE JIN CORPARATION the Employer of Record, Furthermore, I hereby declare	
that I will assume all duties, responsibilities, obligations, etc., of an Employer of Non-resident	
Worker as required and provided under the Non-resident Workers Act. Minimum Wage and Hour	
Act and the CNMI Alien Labor Rules and Regulations, C.R. Vol. 10, No. 4 (April 15, 1988), et seq.	
Furthermore, I hereby declare that the above named transferee will be under my employment as a	
GENERAL SUPERVISOR and that I will be responsible for the payment of all	
applicable fees to effectuate this Transfer and that I knowingly assume all liabilities.	
Entry Permit No. 132618 Surety Bond Co./No. 016 / 201/3	
CONDITIONAL GRANT OF TRANSFER	
The transfer of the employee	
to ASIA ENTERPRISES INCORPORATED Accepting Employer	
is hereby CONDITIONALLY GRANTED as of this date pursuant to Section 3(h) of Public Law	
No. 11-6 and Section 5 (b) of P.L. 12-11, to perform services in the job category of	
GENERAL SUPERVISOR	
The Employee's Work Days and Hours shall be MORDAY to SHARRAY	
from FLEXIBLE HOVES , for a total of NLT 40 hours per week. (1 day o11)	
Compensation: In consideration of the services to be performed by the Employee, the Employer	
agrees to pay the Employee compensation in the amount of:	
1. \$	
2. \$ x 1.5 per hour for ovetime compensation payable by check	
in bi-weekly intervals.	
Other compensation, specify amount and method of calculation.	
All other contract provisions, obligations and restrictions including termination or employment shall be controlled by the terms and conditions of the attached employment contract signed by the employer and employee.	
Both the Accepting Employer and the Employee understand this conditional transfer /	
accompanying application shall be denied later should the Accepting employer fail to comply	
with all requirements of law, regulation and policy within the standard time allowed in order to	
obtain a Work/Entry Permit. Should the application be denied or should either the employee or	
Accepting Employer terminate the employment relationship, the Accepting Employer shall be	
liable for/required to purchase a one-way ticket to the employee's original point of recruitment	
outside the Commonwealth and the employee shall depart on the next available flight.	
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If the application is denied by the Division, this conditional transfer will also expire the same day of denial issuance. However, if for any reason the application is neither approved nor denied by the Division, this conditional transfer will expire one year from the date the conditional transfer is approved.	
Date: Jan. 21, 2005 Date: Jna. 21, 2005	
Duch then don	
PARK, HWA SUN LI, ZHENGZHE 1 2 MENG THE	
Accepting Employer: Print Name and Sign Employee: Print Name and Sign	
Server of the company	
N WITNESS WHEREOF, I hereunto set my hand and official seal this day of	
JAN, 2005	:
SEUNG-HEE CINDY YIT	
NOTARY PUBLIC	
Commonwealth of the Northern Mariana Islands	.,
My Commission explored . 31, 250 NOTARY PUBLIC	
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Case 1:05/ev-00019 Document 77-8 Filed 07/15/2006 Page 4 of 12



Commanwealth of the Northern Mariana Islands DIVISION OF LABOR P.O. Box 10007, Saipan, MP 96950

I, FORE, NWA SUR OF ASIA ENTERPRISES AND, located in the CNMI, (NAME OF AUTHORIZED SIGNATORY) (CORPORATION/BUSINESS NAME) declare under penalty of periury that I knowingly and freely accept the transfer of
(NAME OF AUTHORIZED SIGNATORY) (CORPORATION/BUSINESS NAME)
employment of
(NAME OF EMPLOYEE) (COUNTRY OF ORIGIN)
that I will assume all duties, responsibilities, obligations, etc., of an Employer of Non-resident
Worker as required and provided under the Non-resident Workers Act, Minimum Wage and Hour
Act and the CNMI Alien Labor Rules and Regulations, C.R. Vol. 10, No. 4 (April 15, 1988), et seq.
Furthermore, I hereby declare that the above named transferee will be under my employment as a
Command that I will be responsible for the payment of all
applicable fees to effectuate this Transfer and that I knowingly assume all liabilities.
Entry Permit No Surety Bond Co./No
CONDITIONAL GRANT OF TRANSFER
The transfer of the employee
to ASIA ENTERPRISES INCORPORATED Accepting Employer
is hereby CONDITIONALLY GRANTED as of this date pursuant to Section 3(b) of Public Law
No. 11-6 and Section 5 (b) of P.L. 12-11, to perform services in the job category of
COMMUNICACIAL CLEANIER
The Employee's Work Days and Hours shall be within to stand
The Employee's Work Days and Hours shall be research to stand from FLEXIBLE 1966RS , for a total of NET 40 hours per week. () 43
Compensation: In consideration of the services to be performed by the Employee, the Employer
agrees to pay the Employee compensation in the amount of:
1. \$
2. \$ x 1.5 per hour for ovetime compensation payable by check
in bi-weekly intervals.
3. Other compensation, specify amount and method of calculation.
All other contract provisions, obligations and restrictions including termination or employment shall be controlled by the terms and conditions of the attached employment contract signed by the employer and employee.
Both the Accepting Employer and the Employee understand this conditional transfer / accompanying application shall be denied later should the Accepting employer fail to comply with all requirements of law, regulation and policy within the standard time allowed in order to obtain a Work/Entry Permit. Should the application be denied or should either the employee or Accepting Employer terminate the employment relationship, the Accepting Employer shall be liable for/required to purchase a one-way ticket to the employee's original point of recruitment outside the Commonwealth and the employee shall depart on the next available flight.
If the application is denied by the Division, this conditional transfer will also expire the same day of denial issuance. However, if for any reason the application is neither approved nor denied by the Division, this conditional transfer will expire one year from the date the conditional transfer is approved.
Date: 0.711/2005
Park then line to the train
Accepting Employer: Print Name and Sign Employee: Print Name and Sign
Title: Secretary
IN WITNESS WHEREOF, I hereunto set my hand and official seal this day of
day of
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
SEUING-HEE CINDY ALL
Commonwealth of the Northern Mariana Islands
My Design expired NOTAR RUBLIC
01231

Page 5 of 12

Document 77-8 Filed 07/15/2006 Page 5
Cor onwealth of the Northern Mariana I: ds
DIVISION OF LABOR
P.O. Box 10007, Saipan, MP 96950

I, PARK, HWA SUN President of JUNG LIN CORPORATION, located in the CNMI, (NAME OF AUTHORIZED SIGNATORY) (CORPORATION/BUSINESS NAME)
declare under penalty of perjury that I knowingly and freely accept the transfer of
employment or xu, JINGJI ,:of the CHN , from
(NAME OF EMPLOYEE) (COUNTRY OF ORIGIN) Yuns Corporation the Employer of Record. Furthermore, I hereby declare
that I will assume all duties, responsibilities, obligations, etc., of an Employer of Non-resident
worker as required and provided under the Non-resident Workers Act. Minimum Wage and Hour
Act and the CNMI Alien Labor Rules and Regulations, C.R. Vol. 10, No. 4 (April 15, 1988), et seq. Furthermore, I hereby declare that the above named transferee will be under my employment as a
COMMERCIAL CLEANER and that I will be responsible for the payment of all
applicable fees to effectuate this Transfer and that I knowingly assume all liabilities.
RC1C 28920 Entry Permit No. 191082 Surety Bond Co./No. Ptc 1 20662
CONDITIONAL GRANT OF TRANSFER
The transfer of the employee XU, JINGJI
to JUNG JIN CORPORATION Accepting Employer
is hereby CONDITIONALLY GRANTED as of this date pursuant to Section 3(b) of Public Law No. 11-6 and Section 5 (b) of P.L. 12-11, to perform services in the job category of
COMMERCIAL CLEANER———
The Employee's Work Days and Hours shall be Monday to Sunday
from FLEXIBLE (BOURS. for a total of NLT 40 hours per week(1 day off/wk)
Compensation: In consideration of the services to be performed by the Employee, the Employer
agrees to pay the Employee compensation in the amount of:
1. \$ 3.05 per hour and 2. \$ x 1.5 per hour for ovetime compensation payable by check
in bi-weekly intervals.
3. Other compensation, specify amount and method of calculation.
All other contract provisions, obligations and restrictions including termination of
employment shall be controlled by the terms and conditions of the attached employment contract
signed by the employer and employee.
Both the Accepting Employer and the Employee understand this conditional transfer /
accompanying application shall be denied later should the Accepting employer fail to comply
with all requirements of law, regulation and policy within the standard time allowed in order to obtain a Work/Entry Permit. Should the application be denied or should either the employee or
Accepting Employer terminate the employment relationship, the Accepting Employer shall be
table for/required to purchase a one-way ticket to the employee's original point of recruitment
outside the Commonwealth and the employee shall depart on the next available flight.
f the application is denied by the Division, this conditional transfer will also expire the same day
of denial issuance. However, if for any reason the application is neither approved nor denied by the
Division, this conditional transfer will expire one year from the date the conditional transfer is approved.
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Date: 12-29-2003 Date: 12-29-2003 Pal this line XXV JINT JI
Accepting Employer: Print Name and Sign Employee: Print Name and Sign
Employee: Print Name and Sign Fresident N WITNESS WHEREOF, I hereunto set my hand and official seal this Dec., 2003 SEUNG-HEE CINDY
N WITNESS WHEEDEAR I LANGE OF
N WITNESS WHEREOF, I hereumo set my hand and official seal this Dec., 2003
NOTARYHUBLIU A LEIN MAR MORE II 25 !
Commonwealth of the Northern Mariana laic.
My Commission expires: 0 31 2004 NOTAR RELIAMENT
12/21/02 01240
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Director of Fahor/Deciones

Case 1:05-cv-00019 Filed 07/15/2006 Page 6 of 12

Approval Date

Document 77-8 Filed 07/15/2006 Page 6
Com nwealth of the Northern Mariana Is ds
DIVISION OF LABOR
P.O. Box 10007, Saipan, MP 96950

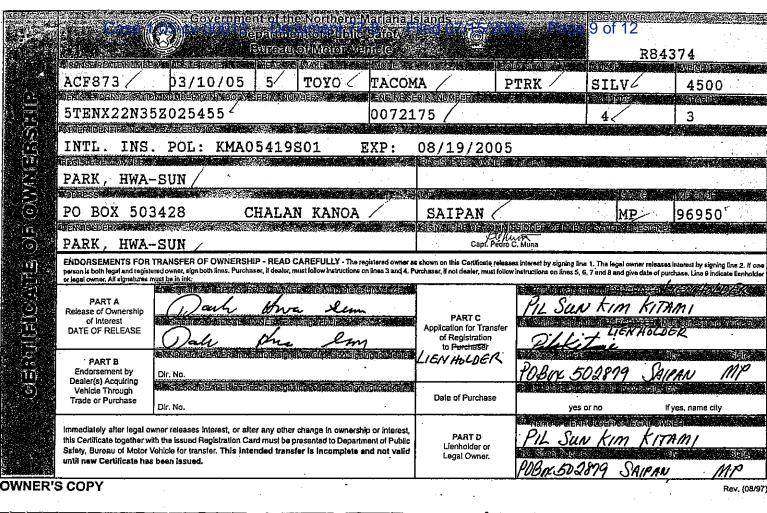
(NAME OF AUTHORIZED SIGNATION) Of THE LIN CURPORTION, located in the CNMI,
(NAME OF AUTHORIZED SIGNATORY) declare under penalty of perjury that I knowingly and freely accept the transfer of employment of LI VINGHUA
employment of LI YINGHUA , of the COUNTRY OF ORIGIN)
(NAME OF EMPLOYEE) (COUNTRY OF ORIGIN)
that I will assume all duties, responsibilities, obligations, etc., of an Employer of Non-resident
TO CINCLE AS LOCALITO AND DIOVIDED INDEED INC. TACTOR AND A CONTROL AND A TAXABLE AND
ACCORD DISCUSSION AND LABOR KINES AND REGISTRATIONS OF VALUE AND ACCOUNT AS ACCOUNT.
r utilitatione, I hereby deciare that the above named transferee will be under my employment as a
and that I will be responsible for the payment of all applicable fees to effectuate this Transfer and that I knowingly assume all liabilities.
2000 - 2000
Entry Permit No. 164717 Surety Bond Co./No. RCIC 28919
CONDITIONAL GRANT OF TRANSFER
The transfer of the employee LI, YINGHUA
to JUNG JIN CORPORATION
COMMERCIAL CHANGE
The Employee's Work Days and Hours shall be Monday to Sunday
The Employee's Work Days and Hours shall be Monday to Sunday, from FLEXIBLE ROURS, for a total of NLT 40 hours per week. 1 day of 1
Compensation: In consideration of the services to be performed by the Employee, the Employer
agrees to pay the Employee compensation in the amount of:
1. \$3.05 per nous and
2. \$ x 1.5 per hour for ovetime compensation payable by check in bi-weekly intervals.
3. Other compensation, specify amount and method of calculation.
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All other contract provisions, obligations and restrictions including termination of employment shall be controlled by the terms and conditions of the attached employment contract signed by the employer and employ
signed by the employer and employee.
Doth the Asset of
Both the Accepting Employer and the Employee understand this conditional transfer / accompanying application shall be denied later should the Accepting employer fail to comply with all requirements of laws and the later should the Accepting employer fail to comply
with an inquirements of law, regulation and policy within the ctandard time allowed in automatic
Obtain a Work/Entry Permit. Should the application be denied or should sit on the second sit of the se
Accepting Children in the Amniovment relationship, the Aggesting Constitution in the Aggesting C
<u>liable</u> for/required to purchase a one-way ticket to the employee's original point of recruitment outside the Commonwealth and the employee shall depart on the next available flight.
If the application is denied by the Division, this conditional transfer will also expire the same day
of commissioned. However, it for any reason the annication to neither approved nor desired by the
Division, this conditional transfer will expire one year from the date the conditional transfer is approved.
Date: 12 - 29 - 2007 Date: 12 - 29 - 2003
Date: 12 29 - 2007 Date: 12 29 - 2003
Accepting Employer: Print Name and Sign L1, Yinghua Employee: Print Name and Sign
Accepting Employer: Print Name and Sign Title: President Employee: Print Name and Sign
OF THE
IN WITNESS WHEREOF, I hereunto set my hand and official seal this
SEUNG-HEE CINDY VINOTARY PUBLIC
Commonwealth of the Northern Mariana Is
My Commission expired Of St. 2007 NOTARY RUBLERY
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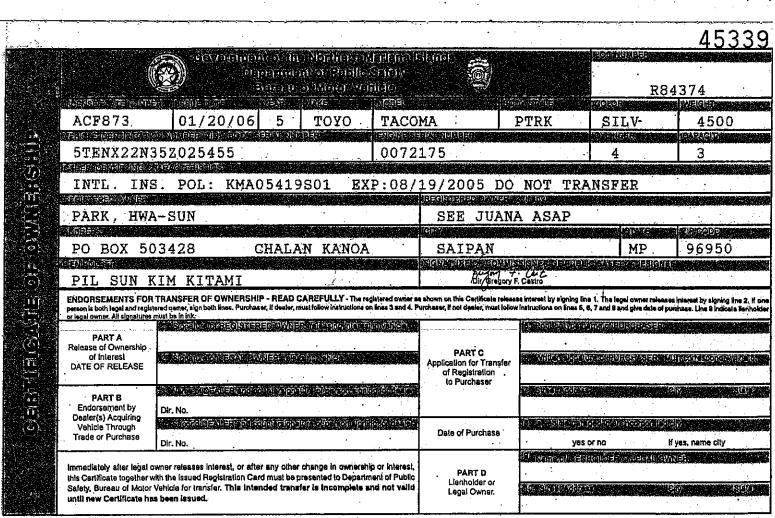
Case 1:05-cv-00019 Document 77-8 Filed 07/15/2006 Page 7 of 12
Cor Donwealth of the Northern Mariana Londs
DIVISION OF LABOR
P.O. Box 10007, Saipan, MP 96950

DECLARATION OF ACCEPTING EMPLOYER

'	.
I, PAKE, MMA SHIN President of AHRG (CORPORAT	IN CORPORATION, located in the CNMI,
(NAME OF AUTHORIZED SIGNATORY) (CORPORAT declare under penalty of perjury that I knowing	ION/BUSINESS NAME)
employment of XV, JINGII	of the Can from
employment of XU, JINGJI (NAME OF EMPLOYEE)	(COUNTRY OF ORIGIN)
Tuns Carporation the Employer	of Record. Furthermore, I hereby declare
that I will assume all duties, responsibilities, obligation. Worker as required and provided under the Non-residen	ns, etc., of an Employer of Non-resident
Act and the CNMI Alien Labor Rules and Regulations, C	CR Vol 10 No 4 (April 15 1988) et seg
Furthermore, I hereby declare that the above named train COMMERCIAL CLEANER and that I	isferee will be under my employment as a
applicable fees to effectuate this Transfer and that I kno	wingly assume all liabilities.
Entry Permit No. 191082 Surety Box	nd Co./No. PICI 2.06/12
CONDITIONAL GRANT	OF TRANSFER
The transfer of the employee XU, JINGJI	
to	Accepting Employer
No. 11-6 and Section 5 (b) of P.L. 12-11, to perconnected, CLEANER	ate pursuant to Section 3(b) of Public Law rform services in the job category of
The Employee's Work Days and Hours shall be	day to Specieur
from FLEXIELE tOOURS , for a total of ML	T 40 hours per week(1 day off/wk)
Compensation: In consideration of the services to be p agrees to pay the Employee compensation in the amoun	erformed by the Employee, the Employer
1. \$ 3.05 per hour and	101.
2. $\frac{\times 1.5}{\text{per hour}}$ for over	etime compensation payable by check
in bi-weekly intervals.	
3. Other compensation, specify amount and me	thod of calculation.
All other contract provisions, obligations and a employment shall be controlled by the terms and condit signed by the employer and employee.	restrictions including termination of ions of the attached employment contract
Both the Accepting Employer and the Employee accompanying application shall be denied later should with all requirements of law, regulation and policy with obtain a Work/Entry Permit. Should the application be Accepting Employer terminate the employment relation liable for/required to purchase a one-way ticket to the outside the Commonwealth and the employee shall depart	I the Accepting employer fail to comply nin the standard time allowed in order to denied or should either the employee or enship, the Accepting Employer shall be employee's original point of recruitment
If the application is denied by the Division, this condition of denial issuance. However, if for any reason the application	tion is neither approved nor denied by the
Division, this conditional transfer will expire one year approved.	from the date the conditional transfer is
Date: 12 - 29 - 2003 D	ate: 12 - 29 - 2003 XV JIMY JI
Date: 12 - 29 - 2003 Date: Park, hwa Sun	XXV JIN/ JI Ku, Jingji
	mpleyees Dring Managard Cina
Title: President	imployee: Frint Name and Sign of THE ADDRESS
IN WITNESS WHEREOF, I hereunto set my hand an	nd official seal this
2003 SEUNG-HEE CINDY V	
NOTARY PHRLIC	
Commonwealth of the Northern Mariana My Commission expires:	15 145 16 5
INITY COMMISSION - UNA 37.	NOTARY
10/01/0	00270
/2/3//03 Approval Date	My Ways.
Approval Date	Director of Labor/Designee

Exhibit I







COMMONWEALTH OF THE NORTHERN MARIANA ISLANDS DEPARTMENT OF PUBLIC SAFETY BUREAU OF MOTOR VEHICLES

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VEHICLE REGISTRATION APPLICATION
9 CMC, Division 2, Subsection 2101. Registration: Application. Every owner of a motor vehicle shall, before operating any such motor vehicle on any highway of the Commonwealth, register it with the Bureau. The application for registration shall be made on the prescribed form, signed by the owner or authorized representative with written authorization. RENEWAL WITH NO CHANGE: Indicate license plate number only. HAS THIS VEHICLE BEEN MODIFIED OR CHANGED FROM DESIGN? If yes, explain or furnish an affidavit regarding modification/change: NO
NEW RENEWAL. COMMERCIAL COMIGOVERNMENT DATE: X USED TRANSFER NON-COMMERCIAL U.S. GOVT/U.S. MILITARY RECEIPT NO. RECEIPT NO.
OWNER#1 PLEASE CHECK: () And OR () Or
NAME: (Lust) (First) (Middle Name) EMPLOYER SOCIAL SECURITY NO.: DATE OF BIRTH: PARK HWA-SUN: 586-96-5772 10/17/1953
ADDRESS: (RESIDENCE) MAILING ADDRESS DRIVER'S LICENSE NO. CITIZENSHIP ETHNIC TELEPHONE NO. Chalan Kanoa POB 503428 CNMI #2794-91 Korea 235-4321/483-432
OWNER#2 PLEASE CHECK: () And OR () Or
NAME: (Last) (First) (Middle Name) EMPLOYER SOCIAL SECURITY NO.: DATE OF BIRTH:
ADDRESS: (RESIDENCE) MAILING ADDRESS DRIVER'S LICENSE NO. CITIZENSHIP ETHNIC TELEPHONE NO.
BUSINESS/GOMPANY NAME BUSINESS LOCATION MAILING ADDRESS FELEPHONE NO.
PLEASE CHECK: () LEGAL OWNER (X) LIEN-HOLDER
NAME OF LEGAL OWNER OR LIENHOLDER#I ADDRESS TELEPHONE NO. Pil Sun Kim Kitami P.O. Box 502879, Saipan, MP 96950 322-0440
BUSINESS/COMPANY NAME ADDRESS TELEPHONE'NO:
VEHICLE INFORMATION RIGHT HAND DRIVE: Y N
LICENSE PLATE NO. YEAR MAKE MODEL BODY TYPE COLOR WEIGHT FUEL CAPACITY
ACF873 2005 TOYOTA Tacoma PTRK SILV 4500 3
VEHICLE IDENTIFICATION ENGINE NO. CYLINDERS VEHICLE TYPE PREVIOUS LICENSE NO. AND STATE 5TENX22N35Z025455 0072175 4
NSURED BY: POLICY NO.: POLICY EXPIRES
International Insurance KMA-05419-S01 08-19-2006
RINT NAME & SIGN TITLE (OWNER OR AUTHORIZED REPRESENTATIVE) DATE SIGNED
PARK, HWA-SUN Dale thin Sun Owner 01-18-06
MOTOR CARRIER SAFETY ASSISTANCE PROGRAM DECLARATION FORM (Name of Company Representative) of
egulations (FHMR).
Signature of Company Representative: Date:

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KIM HANG K	WON		THE PERSONNEL SE	SEE JUAN	A ASAP		
P.O. BOX 50	03448	CHALAN KAN		SAIPAN		MP	96950
PIL SUN KIN				Dir Fregory	F. Castro	NORDALEGO INCESIGNIE	
person is both legal and registered of or legal owner. All stonatures must	owner, sign both lines. Purchase be in link:	P - READ CAREFULLY - The re- er, if dealer, must follow instructions or	on lines 3 and 4. Purch	own on this Certificate release haser, if not dealer, must follo	w instructions on lines 5, (6, 7 and 6 and give date of p	es interest by signing line surchase. Line 9 indicate li
PART A Release of Ownership	ិល្បៈ (០.៤) បាន គឺកម្មស្វិតថា 	विकार स्थापना स्थापना स्थापना स्थापना स्थापन		PART C Application for Transfer of Registration to Purchaser			Parsonatopos vos
PART B	r. No.		CLUS COLUMN	to Perchasti	7/25 (* 1/20) S		
Vehicle Through Trade or Purchase	r. No.			Date of Purchase	r. a istantes a conduction and chestra	or no	if yes, name city
this Certificate together with the	he issued Registration Card icle for transfer. This inten	r any other change in ownershi d must be presented to Departm aded transfer is incomplete a	ment of Public	PART D Lienholder or	Paramoralica	S(o)uo ∃;¦ss=b±6yAk.a)y Te	(d) ⊙ly s



COMMONWEALTH OF THE NORTHERN MARIANA ISLANDS DEPARTMENT OF PUBLIC SAFETY BUREAU OF MOTOR VEHICLES



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		VEH	ICLE 1	REGIST	RATIC	NAPI	PLICAT	ION				
9 CMC, Division Every owner of a register it with the or authorized repartment of a renewal with the string vehicle	a motor vei ne Bureau. presentativ o CHANGE:	hicle shall, be The applicat e with writte Indicate license p	efore op tion for en autho	nerating a registrati orization ber only	ny such on stral	motor be ma	de on the	presč	ribed f	orm, si	e Com gned l	imonwealth, y the owner
modification/change:_	NO		<u> </u>								- 1	
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NAME: (Last) KIM	(First) HANG	*** **********************************	le Name)		EMPLO	THE STATE OF STREET, CARP. TAY.			CURITY -1274	NO. I		F ВІКТН; 3/1955
ADDRESS (RESIDEN Chalan Kanoa #3	ICE)	MAILING ADDR POB 503448	RESS	DRIVER'S CNMI	эмоёлс #1146	EINO 88	©irizen Korea			INIC a	TELE	5/1/33 PHONE NO. 4321/483-43:
OWNER #2 PLEAS		() And		OR	()(A Mary and Street Company			3.554 		1200. 	1020 100 no.
NAME: (East)	(First)	(Midd)	le Name)		EMPLO	YER	SO	CIALSE	CURITY	NO.: L	ATE O	F BIRTH:
ADDRESS: (RESIDEN	CE) N	NAILING ADDR	ESS P	DRIVER'S	LICENS	ENO.	CITIZEN	SHIP	ЕТН	NIC	TELE	PHONE NO.
BUSINESS/COMPAN	Y NAME		BUSIN	IESS LOCA	TIÓN		MAÏL	ING AD	DRESS		TELE	PHONE NO.
PLEASE CHECK	1	() LEGAL	OWNE			X) LIÈ	N HOLD	ER		• • • • • • • • • • • • • • • • • • • •		40 E 1 E 1 E 1
NAME OF LEGAL OW Pil Sun Ki					ress . Box 5	02879.	Saipan,	MP 9	6950		ерномі 2-044	
BUSINESS (COMPAN)				.ADD							PHONI	
VEHICLE INFORMA	TION	Service Services	RIG	HT HAND	DRIVE:	Y			N	1 2 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1	ASSES COMMENTS	
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INSURED BY: Inter	national Ir	nsurance		POLICY	KN	``	419-S02		08-1	Y EXP 9-2006		
PRINT NAME & SIGN KIM, HANG KWO				owner oi Owner	R AUTHC	RIZED	REPRESEN	TATIVE	Ē)		DATE:	signed A-ob
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MOTOR	ARRIER SAFETY ASSISTANCE PROGRAI	M
	DECLARATION FORM	

DECLA.	RATION FORM			
I, (Name of Company Representative	ve) of		(Company Name) declar	e
knowledge of Public Law 10-11 "Motor Carrier Safety Act," the Federal	Motor Carrier Safety Regulat	ions (FMCSR) and	the Federal Hazardous Materia	al
Regulations (FHMR).		•		
Signature of Company Representative:		Date:	-01763	